

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3843AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2010
NAME OF PROVIDER OR SUPPLIER ANGELS CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 S 17TH STREET LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey, a bed increase survey, and a category change survey conducted in your facility on 3/9/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is currently licensed for a total of 6 Residential Facility for Group beds: six Category I beds. The facility is requesting licensure for three additional Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five.</p> <p>The facility received a re-survey grade of A.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 103 SS=E	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 3/9/10, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1). This was a repeat deficiency from the 12/3/09 State Licensure survey. Severity: 2 Scope: 2	Y 103			
Y 920 SS=D	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.	Y 920			

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Y 920	Continued From page 2 This Regulation is not met as evidenced by: Based on observation on 3/9/10, the facility failed to ensure the medications for 1 of 5 residents was kept in a locked area. (Medication for Resident #1 was observed unlocked on a shelf in the family room.) Severity : 2 Scope: 1	Y 920			
Y 923 SS=D	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on observation on 3/9/10, the facility failed to keep medications belonging to 1 of 5 residents in their original container (Resident #1). (The medications for Resident #1 were observed in a weekly pill minder.) Severity: 2 Scope: 1	Y 923			
Y 930 SS=C	449.2749(1)(a) Resident File-Storage, Res Information	Y 930			

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Y 930	<p>Continued From page 3</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(a) The full name, address, date of birth and social security number of the resident.</p> <p>This Regulation is not met as evidenced by: Based on observation on 3/9/10, the facility failed to ensure 6 of 6 resident files were kept in a locked place. (The resident files were observed in an unlocked filing cabinet in the kitchen.)</p> <p>Severity: 1 Scope: 3</p>	Y 930		

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